Application Number Filing.Date CLAIMS ONLY Applicant(s) * May be used for additional claims or amendments CLAIMS AFTER FIRST AMENDMENT AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 3 . 23 26 7.8. 29" .36 42 -93 The state of the s - 94 -97. Total -Indep -Indep Total Total Depend Depend ~Total Total Claims Claims